

## Financial Policy

We strive to ensure a clear understanding of your financial responsibility with respect to the services we provide. We believe that it is an essential part of your care and treatment and encourage you to discuss any questions you may have with our staff.

- **No Insurance:** Full payment is required at the time of service for office visits. 50% of any surgical procedures are due prior to surgery. We will attempt to provide a free estimate of all expected charges based on the anticipated services.
  
- **Payments:** We accept cash, check, debit card, credit cards, and Care Credit. Foot & Ankle Specialists of Ames will require a credit card to be kept on file. All information is kept confidential and secure. If any payment is due, a statement will be sent to the address on file. If payment is not received within 30 days, the credit card on file will be charged the outstanding balance. The adult/guardian/parent accompanying a minor is responsible for all charges.
  - All co-payments, deductibles, and non-covered services are due at time of service.
  - *New Patients* who have not met the annual deductible will be required to pay up to \$150 towards that deductible at the time of evaluation in addition to the contracted co-pay obligation.
  - *Existing patients* who have not met the annual deductible will be required to up to \$75 towards that deductible at the time of evaluation in addition to the contracted co-pay obligation.
  - *In Clinic Procedures:* If treatment requires a procedure and the annual deductible has not been met, payment of 50% of the procedure cost up to the amount of the remaining deductible will be required on the day of that procedure.
  - *Surgical Procedures:* If the annual deductible is not met 3 weeks prior to your scheduled surgery you will be required to pay up to 50% (or the remaining deductible amount, whichever is less) of the anticipated surgeon charges at Foot & Ankle Specialist of Ames. The payment will be due no later than 10 days prior to surgery.
  - A \$25 service fee for returned checks/insufficient funds will be charged to the card on file.
  
- **Claim Filing:** We will happily file your claim with the insurance company that is provided to us as a courtesy. Insurance policies are a contract between the insured and the insurance company. We are NOT a party to that contract. Please keep in mind that payment remains your responsibility. We bill insurance in accordance with all federal, state, and other contractual requirements in cases where we have an agreement, or we are a participating provider. Payment in full is expected if the insurance company denies claims or delays processing of a claim for over 90 days.
  
- **Workers Compensation:** An authorization is required from your insurance carrier prior to your initial visit. If the claim is denied you will be responsible for payment in full.

- **Referrals:** You are responsible for obtaining any necessary referral if required by your insurance company. If a referral is not obtained and is necessary, you are responsible for full payment.
  
- **24 Hour Cancellations/No Shows:** A \$25 fee will be charged to the credit card on file for cancellations made less than 24 hours in advance or no shows.
  
- **Outstanding Balances:** Patients with outstanding balances who have received 3 statements with no payment or communication with our office are subject to collection proceedings. In the event your account is placed in collections, a collection fee of 25% will be added to the balance in addition to any attorney fees and/or court costs that may be necessary for the recovery of the outstanding balance. We may refuse to see patients who have not paid an outstanding balance in full or who is not making regular payments. We understand that temporary financial hardships may affect timely payment at which time we encourage you to communicate any such problems so that we can assist you in the management of your account.

**Attestation Statement:**

*I authorize Foot & Ankle Specialists of Ames to keep my signature on file and to charge my credit card (held in our secure system) for:*

- 1) Charges associated with appointments that are not cancelled within the timeline listed above.*
- 2) Charges associated with any outstanding balances or payment arrangement as listed above.*

*I have read, understood and agree to the above Foot & Ankle Specialists of Ames financial policy. I understand that charges not covered by my insurance company, as well as applicable copayments, deductibles, and non-covered services are my responsibility. I acknowledge these policies do not obligate Foot & Ankle Specialists of Ames to extend credit.*

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date